

**Request for Contracting Officer
Technical Representative Certification**

1. Name:
2. Social Security No.:
3. Work Address:

4. Level of Eligibility Requested:
5. Completed Training:

Course Title	Hours	Completion

6. Performance as COTR on previous contract efforts:
7. List of specific contracts for which the individual has served as COTR (for past seven years):

Contract No.	Descriptive Title	Dollar Amount	Type of Contract

Please return by fax to 301-713-0806 and forward original by mail to SSMC4-7604/OFA61. Attach a copy of the certificate of completion for all training listed or a copy of the signed SF 182.

Submitted by: _____
Supervisor's Signature

(Typed or Printed Name)

Date: _____

(Telephone Number)